

APPLICATION FOR LICENSE TO OPERATE A FOOD SERVICE FACILITY IN TALBOT COUNTY

Authority: Health General Article §§21-305 through 21-311; COMAR 10.15.28 E

1. Trade Name of Business _____ Phone () _____
Fax () _____

2. Mailing Address of Business _____
City _____ State/Zip _____

3. Exact Location (911 Address) of Business _____

4. Contact Person Name _____ Email Address _____

5. Type of Ownership: () Individual () Corporation [Incl. LLC] () Co-Ownership () Partnership () Other

6. For Individual or Co-Ownership, provide the following information:

Owner(s) of Business _____ Phone () _____

Address _____

7. If Business is part of a Corporation, provide the following information:

Corporation Name _____

Agents Name _____ Phone () _____

Address _____

8. Property Owner _____ Phone () _____

9. Number of Seats (including stools): _____ Indoor _____ Outdoor

10. Water Supply (Circle One): Public Private 11. Sewage Disposal (Circle One): Public Private

12. Facility Provides Catering (Circle One): Yes No 13. Seasonal Facility (Circle One) Yes No

14. Facility's Operating Days and Hours: _____

Applicant Statement: Application is hereby made for a permit to operate a Food Service Facility.

In accordance with COMAR 10.15.03 and Maryland Annotated Code Health General §21-307 (Qualifications of applicants; inspections), I, the applicant will:

1) Comply with the requirements adopted under this subtitle and the rules and regulations under this subtitle;

2) Agree to permit access to the food establishment for the purpose of any inspection permitted or required under this subtitle; and

3) Pay the license fee assessed under §21-308 of this subtitle, unless exempted from the fee under this subtitle.

I hereby certify that the information given in this application is correct.

15. Applicant's Name (Print clearly): _____ Title: _____

16. Applicant's Signature: _____

Return Application to: Talbot County Environmental Health, 215 Bay Street, Suite 4, Easton, MD 21601.

Phone: 410.770.6880 Fax: 410.770.6888 www.talbothealth.org

For Health Dept Use only: ID #: _____ Comments: _____